

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09095465	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1	1							
2	1	1							
3	2	2							
4	1	1							
5	1	1							
6	1	1							
7	1	1							
8	1	1							
9	2	2							
10	2	2							
11	1								
12	1	1							
13	1	1							
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50									
TOTAL IND.	3	1	2	1	1	1			
TOTAL DEP.	13	14							
TOTAL CLAIMS	16	14							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS